

BRIEF CO-WORKER BENEFITS OVERVIEW

July 1, 2015 to June 30, 2016



- Coverage for all insurance benefits offered by the City begins on the first day of the month following thirty days of employment. Insurance for dependents may be added or deleted only once a year during "Open Enrollment", without a change in status. Examples of a change in status include birth, death, marriage, divorce, adoption, and a change in spouse employment.
- This year, employees will have the ability to earn a \$20 per month incentive (reduce medical contribution) by completing two simple steps. The first step is to complete a Health Risk Assessment and the second is to be tobacco free or participate in a tobacco cessation program.

Insurance

HEALTH INSURANCE BlueCross BlueShield of North Carolina

PPO Plan	
Semi-monthly Rates with Wellness Incentive	
Co-worker Only	\$ 58.10
Co-worker + Spouse	\$361.05
Co-worker + Child(ren)	\$304.13
Family	\$600.83
Semi-monthly Rates without Wellness Incentive	
Co-worker Only	\$ 83.10
Co-worker + Spouse	\$386.05
Co-worker + Child(ren)	\$329.13
Family	\$625.83
HRA Plan	
Semi-monthly Rates with Wellness Incentive	
Co-worker Only	\$ 7.50
Co-worker + Spouse	\$150.90
Co-worker + Child(ren)	\$127.88
Family	\$278.95
Semi-monthly Rates without Wellness Incentive	
Co-worker Only	\$ 32.50
Co-worker + Spouse	\$175.90
Co-worker + Child(ren)	\$152.88
Family	\$303.95

DENTAL INSURANCE Delta Dental

Semi-monthly Rates	
Co-worker Only	\$ 0.00
Family	\$28.68
Benefits: Percentage paid by Delta Dental = UCR*	
<i>*UCR means Usual, Customary and Reasonable Charges</i>	
Type A Services (cleaning and clinical oral examination: one each Six month period)	100%
Type B Services (fillings, oral surgery, simple extractions, bridge repair, crown repair)	80%
Type C Services (major restorations, crowns, full and partial dentures, endodontics, periodontics)	50%
Type D Services (orthodontics) – Lifetime maximum = \$750.	50%
Per calendar year	
Maximum fiscal year benefit per person for Types A, B, and C Services	\$1,000
Deductible amount per person	\$50
Deductible amount per family	\$150

Insurance		
LIFE INSURANCE ING Employee Benefits	Semi-monthly Rates	
	Co-worker Only	\$ 0.00
	Family	\$ 1.20
	Co-worker benefit equals 2 times base annual salary adjusted to next highest multiple of \$1,000. Maximum = \$150,000	
	The City pays life insurance for regular full or part-time co-worker who works at least 20 hours per week.	
	Dependent life coverage options	
	Spouse	
	Child - From age 14 days to 19 years, student dependent age 19 but less than 26.	
	Supplemental Life	
	Supplemental term life insurance for employee and dependents at	varies
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) ING Employee Benefits	Co-worker benefit equals 2 times base annual salary adjusted to next highest multiple of \$1,000. Maximum = \$150,000	
WHOLE LIFE INSURANCE ING Employee Benefits	This additional life insurance is optional coverage offered to City co-workers at a low rate based on age, tobacco usage and the level of coverage. Full-time co-workers working 20 hours or more per week are eligible following 3 months of continuous service. Enrollment for these benefits will only occur once a year during the Open Enrollment period.	
SHORT TERM DISABILITY ING Employee Benefits	Rates per pay period	
	Co-worker Only	\$ 0.00
	Family	NA
	Weekly Income Benefit Percentage = 66.67% Maximum Weekly Income Benefit = \$550.00	
	Benefit Waiting Period Disability caused by accidental injury or sickness 30 consecutive calendar days Maximum Benefit Period is 22 weeks	
LONG TERM DISABILITY ING Employee Benefits	Monthly Income Benefit	
	Percentage	60%
	Maximum	\$5,000
	Minimum	\$100.00
	Benefit Waiting Period 180 days of disability	
	Other income is subtracted from the benefit you would otherwise receive, as shown on the Schedule of Benefits.	
	Cost is determined by salary and age.	
	This benefit is an optional coverage paid by the co-worker through payroll deduction. Must meet definition of disability and 6-month waiting period.	